Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0550024	PLAZA AT 61 SHARON TURNPIKE				NC	25	Р	GW
Local Address (\	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
61 SHARON TU	RNPIKE	Connections			2			

Towns Served: GOSHEN

Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)									
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Physical Parameters (PPS)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									

W	ater S	System	Facility:	ENTRY POINT	(WSF ID: 00700)
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Nitrate And Nitrite (NOX)	1 rc	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Wate	r System Faci	ility and Sam _l	pling Point	Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	age BPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20921	WELL 1	2	WELL	Α				
55955	ATM STORAGE							
55957	BLADDER TANK							
55959	TREATMENT							

			Co	ontact Inf	ormation				
Name		Organization	1		Job Title				
Ms. Johanna B. Kimball				Tywood Asso	ociates,LLC	Owner			
Mailing Address Line One Mailin		Mailing Addr	ng Address Line Two			City		Zip Code	
P O Box 220				Goshen		СТ	06756		
Business Phone	Extension	Fax	Mo	phile Phone	Emergency Phone	Fmail Ac	ldress		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Fublic freatur Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID PWS Name						ssification	Population	Owner Type	Primary Source			
CT0550024	PLAZA AT 61 SHARON		NC	25	Р	GW						
Local Address (v	where applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural			
61 SHARON TUF	RNPIKE		Connections			2						
Towns Served: 0	GOSHEN											
860-491-2078	8											

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0550054	CHURCH OF CHRIST/THE CHILDRENS PLACE				NC	25	Р	GW			
Local Address (w	here applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural			
5 OLD MIDDLE S			2								
Towns Served: GOSHEN											

C10550054 C11	ONCIT OF CITE	(131) THE CHIEDRENS	FLACE		IVC	23	F	UVV
Local Address (whe	re applicable)		Service	Residentia	l Commercia	l Industrial	Combined	Agricultural
5 OLD MIDDLE STRE	ET (ROUTE 63	3)	Connectio	ns	2			
Towns Served: GOS	HEN							
		N	/lonitoring Re	quirement	ts			
Water System Fac	ility: DISTR	RIBUTION SYSTEM		•				
Total Coliform (3	•		(1101 121 00000)			1 r	outine (RT) ¡	ner quarter
Sampling Poin	•	oint ID)		Monitoring	Period Co	llection Perio		ance Status
		ive Sampling Points		10/1/18 - 12				mplete
	,	1 0		1/1/19 - 3/				mplete
				4/1/19 - 6/				
				7/1/19 - 9/				
Physical Paramet	ers (PPS)					1 r	outine (RT) _I	er quarter
Sampling Poin	• •	oint ID)		Monitoring	Period Co	llection Perio		ance Status
Select from Inv	entory of Act	ive Sampling Points		10/1/18 - 12	2/31/18		Co	mplete
				1/1/19 - 3/	/31/19		Co	mplete
				4/1/19 - 6/	/30/19			
				7/1/19 - 9/	/30/19			
Water System Fac	ility: ENTR	Y POINT (WSF ID:	00700)					
Nitrate And Nitri	te (NOX)						1 routine (R	T) per year
Sampling Poin	t (Sampling P	oint ID)		Monitoring	Period Co	llection Perio	od Compli	ance Status
ENTRY POINT (3)			1/1/18 - 12	/31/18		Co	mplete
				1/1/19 - 12	/31/19			
				1/1/20 - 12	/31/20			
		Publ	ic Notification	Requirem	nents			
			Compliance	Notice	Public No	<u>tification</u>	PN Cert	<u>ification</u>
Violation/Situation			Period	Tier	Required	Performed		Received
Physical Parameters	M&R Violation	on	7/1/18 - 9/30/1	.8 3	12/28/2019	1/22/2019	1/7/2020	1/31/2019
Total Coliform M&R	Violation		7/1/18 - 9/30/1	.8 3	12/28/2019	1/22/2019	1/7/2020	1/31/2019
		Water System	Facility and S	ampling P	oint Inver	ntory		
Water		•	•		Tot		nd	
System Water Sy	stem Facility	Samplin	g Point Sampling	Point	Colif	orm Coppe	er	Stage
Facility ID		11	D Descriptio	n	Status Ru	ile Rule Ti	ier Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM	1 4	DISTRIBUT	ION SYSTEM	Α \	(
		DOWNS	STREAM WITHIN 5	SERVICE CON	Α			
		UPSTI	REAM WITHIN 5	SERVICE CON	Α			
00700 ENTRY P	TNIC	3	B ENTRY PO	NT	Α			
20923 WELL		2	2 WELL		Α			
			Contact Info	ormation				
Name			Organization				Job Title	
Church of Christ Co	ngregational		2.802007				100 //00	
Mailing Address Lin		Mailing	Address Line Two			City	State	Zip Code
5 Old Middle Street		P O Box			Goshen	-1	СТ	06796
Business Phone	Extension	Fax	Mobile Phone	Emergency Ph	hone Email A	ddress		
				J ,				

860-491-2793

C	Connectic	ut Departme	ent of	Public I	Health	Drir	ıking	Water	Section	n		
	Wat	ter Quality N	Monito	oring an	nd Con	nplia	nce S	chedul	le			
PWS ID P	WS Name					Classif	ication	Population	Owner Ty	pe P	rimary Source	
CT0550054 C	CHURCH OF CHRIST/THE CHILDRENS PLACE					N	С	25	Р		GW	
Local Address (where applicable)				Service	Residen	tial Co	mmercia	al Industri	al Comb	ined	Agricultural	
5 OLD MIDDLE ST	REET (ROUTE 63	3)		Connections	S		2					
Towns Served: GC	SHEN					<u> </u>		"	'			
Contact Role(s):	Owner											
Name			Org	Organization Job Title								
Pastor Joseph Tok	oin		Chu	urch of Chris	t Congreg	ationa	Pastor					
Mailing Address Li	ine One	Mailing	g Address	Line Two			City		Sta	te	Zip Code	
5 Old Middle Stree	et (Route 63)	P.O. Bo	ox 216				Goshen		C.	-	06796-0216	
Business Phone	Extension	Fax	Mobile	e Phone E	Emergency	/ Phone	e Email Address					
860-491-2793		860-491-2793	860-91	16-1923			goshenchurch06756@snet.net					
Contact Role(s):	Administrative	Contact, Legal Cont	act									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public Health	Drin	iking V	Vater S	ection	
	Water 0	uality Monit	oring and Con	nplia	nce Sc	hedule		
PWS ID	PWS Name	. <u>J</u>	<u> </u>				ner Type P	Primary Source
CT055008	4 EDMUND D. STRANG SC	OUT RESERVATION		N	С	300	Р	GW
Local Addı	ress (where applicable)		Service Residen	tial Co	mmercial	Industrial	Combined	l Agricultural
278 WEST	SIDE ROAD		Connections		6			
Towns Ser	ved: GOSHEN				-			
		Monito	oring Requireme	nts				
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
Total Co	liform (3100)					1 ro	utine (RT)	per quarter
Samp	oling Point (Sampling Point ID)		Monitori	ing Perio	od Colle	ection Period	l Compl	iance Status
Selec	t from Inventory of Active Sam	oling Points	10/1/18 -	12/31/	18		Co	omplete
			1/1/19 -	3/31/1	9		Co	omplete
			4/1/19 -	6/30/1	9			
			7/1/19 -	9/30/1	9			
Physical	Parameters (PPS)					1 ro	utine (RT)	per quarter
-	oling Point (Sampling Point ID)		Monitori	ing Perio	od Colle	ection Period	l Compl	iance Status
Selec	t from Inventory of Active Sam	oling Points	10/1/18 -					omplete
			1/1/19 -				Co	omplete
			4/1/19 -					
			7/1/19 -	9/30/1	9			
Water Sy	stem Facility: ENTRY POIN	Γ (WSF ID: 00700)						
Nitrate A	And Nitrite (NOX)					1	. routine (I	RT) per year
Samp	pling Point (Sampling Point ID)		Monitori	ing Perio	od Colle	ection Period	l Compl	iance Status
ENTR	Y POINT (3)		1/1/18 -				Co	omplete
			1/1/19 -					
			1/1/20 -	12/31/2	20			
	Wate	r System Facili	ity and Sampling	Point	t Invent	ory		
Water					Tota	l Lead and	1	
System	Water System Facility		Sampling Point		Colifor			Stage
Facility ID		ID	Description	Sta		Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		A Y			
			WITHIN 5 SERVICE COI		4			
		UPSTREAM	WITHIN 5 SERVICE COI	N A	4			
00700	ENTRY POINT	3	ENTRY POINT	P	١			
20926	WELL	2	WELL	P	4			
55305	ATMOSPHERIC TANKS							
60618	PRESSURE TANK							
		Con	tact Information					
Name		0	rganization				Job Title	
Housaton	ic Council, Bsa							
Mailing Ad	ddress Line One	Mailing Addres	s Line Two			City	State	Zip Code

Name Organization Job Title

Housatonic Council, Bsa

Mailing Address Line One Mailing Address Line Two City State Zip Code

326 Derby Avenue Derby CT 06418

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

Contact Role(s): Owner

	Connectic	ut Depa	rtment (of Public	Health	ı Drir	iking	Water	Section			
	Wa	ter Qual	lity Mon	itoring a	nd Con	nplia	nce S	chedul	e			
PWS ID	PWS Name					Classif	ication F	opulation	Owner Type	Primary Source		
CT0550084	EDMUND D. STR	RANG SCOUT	RESERVATIO	N		N	С	300	Р	GW		
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercial	Industria	al Combine	ed Agricultura		
278 WEST SIDE R	OAD			Connectio	ns		6					
Towns Served: G	OSHEN											
Name				Organization					Job Title	2		
Mr. Kevin Bishop				Housatonic Council, Inc				Scout Exe				
Mailing Address Line One Mailing Add				ress Line Two				City	State	Zip Code		
326 Derby Avenu	ie						Derby		СТ	06418		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phone	Email Ad	mail Address				
203-734-3329							kevin.bis	shop@scou	ıting.org			
Contact Role(s):	Legal Contact, (Owner										
Name				Organization					Job Title	5		
Mr. John Zseller,	li			Housatonic C	ouncil, Bsa			Scout Exe	cutive/Ceo			
Mailing Address I	Line One		Mailing Addr	ess Line Two				City	State	Zip Code		
111 New Haven A	Avenue						Derby		СТ	06418		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email Ad	ddress				
917-655-5189		203-734-0	0222				john.zse	ller@scout	ing.org			
			· · · · · · · · · · · · · · · · · · ·									

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 1/1-1 - C

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		ut Departr					`	_		ection		
		ter Quality	וווטווונ	or mg and	i COII							
PWS ID	PWS Name										Primary Source	
СТ055009	4 GOSHEN VOLUN	NTEER FIRE DEPT				N	IC	2	5	L	GW	
Local Add	ress (where applicable)			Service	Residen	tial Co	mmerc	ial In	dustrial	Combined	d Agricultural	
181 GOSH	EN SHARON TURNPIKE	(ROUTE 4)		Connections			1					
Towns Ser	ved: GOSHEN											
	Monitoring Requirements Water System Facility - DISTRIBUTION SYSTEM (WSF ID: 0000)											
Water Sy	Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)											
Total Co	liform (3100)								1 ro	utine (RT)	per quarter	
Sam	oling Point (Sampling F	Point ID)		1	Monitori	ng Peri	iod (Collecti	ion Period	Comp	liance Status	
Selec	t from Inventory of Act	tive Sampling Poir	nts	-	10/1/18 -	12/31/	/18			С	omplete	
	•				1/1/19 -	3/31/1	19			С	omplete	
					4/1/19 -							
					7/1/19 -							
Physical	Parameters (PPS)								1 ro	utine (RT)	per quarter	
Samp	oling Point (Sampling F	Point ID)		1	Monitori	ng Peri	iod (Collecti	ion Period	Comp	liance Status	
Selec	t from Inventory of Act	tive Sampling Poir	nts	-	10/1/18 -	12/31/	/18			С	omplete	
					1/1/19 -	3/31/1	19			С	omplete	
					4/1/19 -	6/30/1	19					
					7/1/19 -	9/30/1	19					
Water Sy	stem Facility: ENTR	Y POINT (WSF	ID: 00700)									
Nitrate A	And Nitrite (NOX)								1	routine (RT) per year	
	oling Point (Sampling F	Point ID)			Monitori	ng Peri	iod (Collecti	ion Period	=	liance Status	
ENTR	Y POINT (3)				1/1/18 -	12/31/	18			C	omplete	
					1/1/19 -						omplete	
					1/1/20 -						- 	
		Water Syste	em Facili					entor	'V			
Water		,			1 0			otal	Lead and	1		
System	Water System Facility	, Sam	pling Point	Sampling Poi	nt			liform	Copper	•	Stage	
Facility ID			ID	Description		Sto		Rule		r Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	Л	4	DISTRIBUTION	I SYSTEM		A	Υ				
		DOV	VNSTREAM	WITHIN 5 SER	VICE CON	N A	Α					
			PSTREAM	WITHIN 5 SER			A					
00700	ENTRY POINT		3	ENTRY POINT			A					
20927	WELL		2	WELL			Α					
20321				tact Inforn	nation							
Nama										Job Title		
Name				rganization	Fi D			B 4. *		Job Title		
Ms. Erin H				oshen Voluntee	er Fire De	pt	1		intance	C: ·	7: 0 !	
Mailing Ad	ddress Line One	Mai	ling Address	s Line I wo				Ci	ty	State	Zip Code	

Mobile Phone

PO Box 193

Business Phone

860-491-2526

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Goshen

eshurlburt@gmail.com

Emergency Phone Email Address

CT

06756

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracor Quarrey From	a don	· · P	indirec t	oncadi	. —		
PWS ID	D PWS Name				ssification	Population	Owner Type	Primary Source
CT0550094	50094 GOSHEN VOLUNTEER FIRE DEPT				NC	25	L	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
181 GOSHEN S	HARON TURNPIKE (ROUTE 4)	Connections			1			

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departm	nent of Public H	lealth D	rinki	ng \	Nater S	ection	
	Water Quality	Monitoring an	d Comp	liance	e Sc	hedule		
PWS ID	PWS Name		Cla	assificatio	on Po	pulation O	wner Type Pr	imary Source
CT0550194	HEMLOCK HILL COOPERATIVE CAN	MP RESORT INC		NC		190	Р	GW
Local Address	(where applicable)	Service	Residential	Comme	ercial	Industrial	Combined	Agricultura
118 HEMLOCK	HILL RD	Connections		1				
Towns Served:	GOSHEN							
		Monitoring Requ	uirements	S				
Water Syster	m Facility: DISTRIBUTION SYSTEM	M (WSF ID: 00600)						
Total Colifor	·m (3100)					1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring I	Period	Coll	ection Perio	d Compli	ance Status
Select fro	m Inventory of Active Sampling Point	ts	4/1/19 - 4/3	30/19			Co	mplete
			5/1/19 - 5/3	31/19				
			6/1/19 - 6/3	30/19				
			7/1/19 - 7/3	31/19				
			8/1/19 - 8/3	31/19				
			9/1/19 - 9/3	30/19				
			10/1/19 - 10,	/31/19				
Physical Par	ameters (PPS)					1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring I		Coll	ection Perio	d Compli	ance Status
Select fro	m Inventory of Active Sampling Point	ts	4/1/19 - 4/3				Co	mplete
			5/1/19 - 5/3	31/19				
			6/1/19 - 6/3	30/19				
			7/1/19 - 7/3	31/19				
			8/1/19 - 8/3	31/19				
			9/1/19 - 9/3	30/19				
			10/1/19 - 10,	/31/19				
Water Syster	n Facility: ENTRY POINT-HAGNA	R WELL (WSF ID: 007)	00)					
Nitrate And	Nitrite (NOX)						1 routine (R	T) per year
	Point (Sampling Point ID)		Monitoring I	Period	Coll	ection Perio	d Compli	ance Status
ENTRY PC	DINT-HAGNAR WELL (3)		1/1/18 - 12/	31/18			Co	mplete
			1/1/19 - 12/	31/19			Co	mplete
			1/1/20 - 12/	31/20				
Water Syster	n Facility: ENTRY POINT-CENTER	R (WSF ID: 00701)						
	Nitrite (NOX)						1 routine (R	T) per year
	Point (Sampling Point ID)		Monitoring I		Coll	ection Perio		ance Status
ENTRY PO	DINT-CENTER (3)		1/1/18 - 12/					mplete
			1/1/19 - 12/				Coi	mplete
			1/1/20 - 12/	31/20				
		Other Compliance	Schedul	es				
Compliance Sc	chedule Activity		Due	. Date		Achieve	d Date	
SEASONAL STA	ART UP COMPLETION		4/1,	/2019				
	Pul	blic Notification R	Requirem	ents				
		Compliance	Notice		c Noti	fication	DN Court	ification

Connecticut Department of Public Health Drinking Water Section

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Notice

Tier

Public Notification

Performed

Required

5/1/2019

PN Certification

Received

Due to DPH

5/11/2019

Compliance

Period

4/17/18 - 4/26/18

Violation/Situation

REVISED TOTAL COLIFORM RULE (RTCR)

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name				Clas	sification	Population	Owner Type	Primary Source			
CT0550194	T0550194 HEMLOCK HILL COOPERATIVE CAMP RESORT INC				NC	190	Р	GW			
Local Address (where applicable)			Resider	ntial	Commercia	l Industria	al Combine	ed Agricultural			

Connections

1

Litchfield

SWH278@yahoo.com

Emergency Phone Email Address

Connecticut Department of Dublic Health Drinking Water Costion

118 HEMLOCK HILL RD Towns Served: GOSHEN

	Water System Facility and Sampling Point Inventory									
Water					Total	Lead and				
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage	
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR	
00600	DISTRIBUTION SYSTEM	3	CENTER WELL- POE	Α	Υ					
		4	HAGNAR WELL	Α	Υ					
		4-CAMP	DISTRIBUTION SYSTEM	Α	Υ					
		4-OFFICE	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT-HAGNAR WELL	3	ENTRY POINT-HAGNAR W	Α						
00701	ENTRY POINT-CENTER	3	ENTRY POINT-CENTER	Α						
20936	CENTER WELL	2-OFFICE	WELL-OFFICE	Α						
58939	HAGNAR WELL	2	HAGNAR WELL	Α						

			C	onitact inii	ormation				
Name				Organization				Job Title	
Hemlock Hill Camp	Resort Coop A	Assn, Inc.							
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
18 Hemlock Hill Roa	ad					Goshen		СТ	06756
Business Phone	Extension	Fax	M	obile Phone Emergency Phone E		Email A	ddress		
860-567-2267									
Contact Role(s): O	wner		·						
Name				Organization				Job Title	
Mr. Sam Huston							Director		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code

Contact Information

Contact Role(s): Administrative Contact, Legal Contact

Extension

Please note the following:

P.O. Box 475

Business Phone

860-361-6888

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

06759

CT

	Connecticut Departmen	t of Public H	lealth	Dı	rinking	Water	·Se	ection	
	Water Quality Mo				_				
PWS ID	PWS Name	meering an	u don	-		T	_	ner Type P	rimary Source
CT0550234	NODINES SMOKEHOUSE				NC	25		Р	GW
Local Address ((where applicable)	Service	Residen		Commerci	al Industri	ial	Combined	Agricultural
39 NORTH STR	EET	Connections			1				
Towns Served:	GOSHEN		1						
	Mo	onitoring Requ	iireme	nts	;				
Water Systen	n Facility: DISTRIBUTION SYSTEM (V	VSF ID: 00600)							
Total Colifor	m (3100)					1	L ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period C	ollection Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/18	- 12/	31/18				
			1/1/19	- 3/3	1/19			Co	mplete
			4/1/19	- 6/3	0/19				
			7/1/19	- 9/3	0/19				
Physical Para	ameters (PPS)					1	L ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period C	ollection Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/18	- 12/	31/18				
			1/1/19	- 3/3	1/19			Co	mplete
			4/1/19	- 6/3	0/19				
			7/1/19	- 9/3	0/19				

Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 routine (RT) per ye				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19		Complete			
	1/1/20 - 12/31/20	·	·			

Other Compliance Schedules	5
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Compliance Schedule ActivityDue DateAchieved DateRESPOND TO SANITARY SURVEY3/3/2016

Pub	lic Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certij	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/17/2004		11/27/2004	
Physical Parameters M&R Violation	1/1/18 - 3/31/18	3	5/11/2019		5/21/2019	
Total Coliform M&R Violation	1/1/18 - 3/31/18	3	5/29/2019		6/8/2019	
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	3/10/2020		3/20/2020	
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	3/10/2020		3/20/2020	

	Wa	ter System Facili	ity and Sampling P	oint Ir	vento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20941	WELL	2	WELL	Α				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality M	lonitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0550234	NODINES SMOKEHOUSE				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
39 NORTH STR	EET	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: GOSHEN

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. Ronald F. Nodir	ne			Nodines Smo	kehouse		President		
Mailing Address Line	e One		Mailing A	ddress Line Two			City	State	Zip Code
39 North Street			P O Box 1	1787		Torringto	n	СТ	06790
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Ad	dress		
860-489-3213		860-496-	9787		860-489-3353	nodines.s	smokehouse(@snet.net	
Contact Role(s): Ac	lministrative	Contact	·						
Name				Organization				Job Title	
Ms. Johanne H Nod	ine			Nodines Smo	kehouse		Owner		
Mailing Address Line	e One		Mailing A	ddress Line Two			City	State	Zip Code
39 North Street			P O Box 1	1787		Goshen		СТ	06756
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
							smokehouse(

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartmen	t of Pub	lic H	ealth D	rinkin	g Water	Se	ction	
	Water 0	uality Mo	onitoring	and	l Comr	liance	Schedu	le		
PWS ID	PWS Name	,		9					er Type Pri	imary Source
CT0550254	ST. THOMAS OF VILLAN	OVA CHURCH				NC	25		P	GW
Local Address	s (where applicable)		Service	9	Residentia	l Commerc	cial Industr	ial	Combined	Agricultural
71 NORTH ST	REET		Conne	ctions		1				_
Towns Serve	d: GOSHEN		l .							
		M	onitoring l	Requi	irement	:s				
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF ID: 0060	00)						
Total Colifo	orm (3100)						:	1 rout	tine (RT) p	er quarter
Samplin	g Point (Sampling Point ID)			٨	Monitoring	Period	Collection Pe	eriod	Complia	ınce Status
Select fr	om Inventory of Active Sam	pling Points		1	0/1/18 - 12	2/31/18			Cor	nplete
					1/1/19 - 3/	31/19			Cor	nplete
					4/1/19 - 6/	'30/19				
					7/1/19 - 9/	30/19				
Physical Pa	rameters (PPS)						;	1 rout	tine (RT) p	er quarter
Samplin	g Point (Sampling Point ID)			٨	Monitoring	Period	Collection Pe	eriod	Complia	ince Status
Select fr	rom Inventory of Active Sam	pling Points			0/1/18 - 12					nplete
					1/1/19 - 3/				Cor	nplete
					4/1/19 - 6/					
					7/1/19 - 9/	/30/19				
	em Facility: ENTRY POIN	T (WSF ID: 00	0700)							
	d Nitrite (NOX)									Γ) per year
-	ng Point (Sampling Point ID)				Monitoring		Collection Pe	eriod		ince Status
ENTRY P	POINT (3)				l/1/18 - 12					nplete
					l/1/19 - 12				Cor	nplete
					l/1/20 - 12					
		Public	Notificati		equirem	nents				
_			Complian		Notice	<u>Public I</u>	<u>Notification</u>		<u>PN Certi</u>	<u>fication</u>
Violation/Sit	uation		Period		Tier	Required			ue to DPH	Received
E. Coli			4/1/18 - 6/3	30/18	3	8/31/2019	9	9	/10/2019	
	Wate	r System F	acility and	d Sam	npling P	oint Inv	entory			
Water							Total Lead			
-	ater System Facility		Point Sampli	_	t			per	Ashastas	Stage
Facility ID	CTDIDLITION CVCTCA	ID	Descrip		CVCTC* *	Jiatas		ııer	ASDESTOS	WQP 2 DBPF
00600 DI	STRIBUTION SYSTEM	4 DOM/NISTI			SYSTEM	A	Υ			
			REAM WITHIN			A				
00700 =:	ITDV DOINIT	UPSTRE			/ICE CON	Α				
	NTRY POINT	3	ENTRY	POINT		A				
20943 W	'ELL	2	WELL			Α				

				Co	ntact Inf	ormation				
Name					Organization				Job Title	е
Reverend Robert F.	. Tucker				St. Thomas o	f Villanova Church		Pastor		
Mailing Address Lin	e One		Mailing	Addr	ess Line Two			City	State	Zip Code
71 North Street			P.O. Bo	x 177			Goshen		СТ	06756-0177
Business Phone	Extension	Fax		Mc	bile Phone	Emergency Phone	Email Ad	ddress		
860-491-2756		860-491-3	3780							

57869 TREATMENT

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Traiter & didinity 1 1011110	911118 6111	0. 0011	1		01100001		
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0550254	ST. THOMAS OF VILLANOVA CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
71 NORTH STRE	ET	Connections			1			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut Do	•					_			ection	
	Water Q	Quality Monit	oring and	d Com	ıpli	ance	e Sch	nedul	e		
PWS ID	PWS Name				Class	sificatio	n Pop	oulation	Ow	ner Type P	rimary Source
CT0550284	VALLEY IN THE PINES CA	AMPGROUND, LLC				NC		31		Р	GW
Local Address (v	where applicable)		Service	Residen	tial(Comme	rcial	Industria	al	Combined	Agricultural
36 LUCAS ROAD)		Connections			36					
Towns Served:	GOSHEN										
		Monito	oring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)								
Total Coliforn	n (3100)							:	1 ro	utine (RT)	per month
Sampling I	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ction Per	riod	Compl	iance Status
Select fron	n Inventory of Active Sam	pling Points		5/1/19 -	5/31	/19					
				6/1/19 -	6/30	/19					
				7/1/19 -							
				8/1/19 -	8/31	/19					
				9/1/19 -	9/30	/19					
				10/1/19 -	10/3	1/19					
Physical Para	meters (PPS)							1	rou	ıtine (RT)	per quarter
	Point (Sampling Point ID)			Monitori			Colle	ction Per	riod	-	iance Status
Select fron	n Inventory of Active Sam	pling Points	:	10/1/18 -	12/3	1/18				Co	mplete
Physical Para								:	1 ro		per month
	Point (Sampling Point ID)			Monitori			Colle	ction Per	riod	Compl	iance Status
Select fron	n Inventory of Active Sam	pling Points		5/1/19 -							
				6/1/19 -							
			_	7/1/19 -			_				
				8/1/19 -	8/31	/19					
				9/1/19 -							
			:	10/1/19 -	10/3	1/19					
,	Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate And N	litrite (NOX)								1	routine (F	RT) per year
	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ction Per	riod	Compl	iance Status
ENTRY POI	NT (3)			1/1/18 -						Co	mplete
				1/1/19 -		•					
				1/1/20 -	12/31	1/20					
		Other Co	ompliance	Sched	ules	S					
Compliance Sch	nedule Activity				Due D			Achie	ved	Date	
RESPOND TO SA	ANITARY SURVEY			9	9/3/2	014					
	Wate	er System Facili	ty and Sar	npling	Poi	nt Inv	vent	ory			
Water							Total				
-	er System Facility	Sampling Point		nt		C	Colifori				Stage
Facility ID		ID	Description			tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ				

ENTRY POINT

WITHIN 5 SERVICE CON

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

UPSTREAM

3

2

00700 ENTRY POINT

WELL

BLADDER TANK

20945

56619

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT0550284	VALLEY IN THE PINES	CAMPO	GROUND, LLC				NC	31	Р	GW
Local Address (v	vhere applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
36 LUCAS ROAD				Connections			36			

		Co	ontact Inf	ormation				
			Organization	า			Job Title	
1			Valley In The	Pines Campground				
e One		Mailing Addr	ess Line Two			City	State	Zip Code
					Goshen		СТ	06756
Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
				860-491-2032	vipcamp	ground@op	tonline.com	
	e One	e One	n e One Mailing Addr	Organization Valley In The e One Mailing Address Line Two	e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Valley In The Pines Campground e One Mailing Address Line Two Goshen Extension Fax Mobile Phone Emergency Phone Email Add	Organization Valley In The Pines Campground e One Mailing Address Line Two Goshen Extension Fax Mobile Phone Emergency Phone Email Address	Organization Valley In The Pines Campground e One Mailing Address Line Two Goshen Extension Fax Mobile Phone Emergency Phone Email Address

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

	Connecticut De	*			U		ction	
	Water Q	Quality Monit	oring and Com	pliand	ce Sche	edule		
PWS ID	PWS Name	-		Classificat	ion Popu	lation Owr	ner Type I	Primary Source
CT055029	WOODRIDGE LAKE ASS	OCIATION		NC	2	25	Р	GW
Local Add	lress (where applicable)		Service Resident	ial Comm	nercial Ir	ndustrial	Combined	d Agricultural
	ERDALE DRIVE		Connections	-	1			
Towns Se	rved: GOSHEN					I		
		Monito	oring Requireme	nts				
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)					
Total Co	oliform (3100)					1 rou	tine (RT)	per quarter
Sam	pling Point (Sampling Point ID)		Monitorii	ng Period	Collect	ion Period	Comp	liance Status
Seled	ct from Inventory of Active Sam	pling Points	10/1/18 -	12/31/18			С	omplete
			1/1/19 -					omplete
			4/1/19 -	6/30/19				
			7/1/19 -					
Physical	Parameters (PPS)					1 rou	tine (RT)	per quarter
-	pling Point (Sampling Point ID)		Monitorii	ng Period	Collect	ion Period		liance Status
	ct from Inventory of Active Sam		10/1/18 -	_				omplete
	·		1/1/19 -	3/31/19				omplete
			4/1/19 -					
			7/1/19 -					
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)	· ·					
	And Nitrite (NOX)					1	routine (RT) per year
	pling Point (Sampling Point ID)		Monitorii	ng Period	Collect	ion Period	_	liance Status
	RY POINT (3)		1/1/18 - :					omplete
	- (-)		1/1/19 - :					omplete
			1/1/20 - :					
	Wate	er System Facili	ty and Sampling		nvento	ry		
Water		-	, ,		Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility IE)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Ι А				
		UPSTREAM	WITHIN 5 SERVICE CON	I А				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20946	WELL	2	WELL	Α				
		Con	tact Information					
Name		Oi	rganization				Job Title	
Mr. John	O'brien		oodridge Lake Property	Owners	Gei	neral Maag		
Mailing A	ddress Line One	Mailing Address				ity	State	Zip Code
	yerdale Dr			Go	oshen	-	СТ	06756

Mobile Phone

Business Phone

860-491-3424

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Emergency Phone Email Address

john.obrien@woodridgelake.com

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quanty womtoring and compnance senedure									
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0550294	CT0550294 WOODRIDGE LAKE ASSOCIATION				NC	25	Р	GW		
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
260 E HYERDAI	Connections			1						

Towns Served: GOSHEN Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0550304	CAMP COCHIPIANEE				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
291 BEACH STRE	ET	Connections			1			

Towns Served: GOSHEN			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 10/31/18	10/1-10/31	Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL (WSF ID: 22720)			
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

	Connec	cticut Dep	artmer	nt of	Public	He	alth	Di	rinki	ng V	Water	Se	ection	
	1	Water Qua	ality M	onit	oring ar	nd	Com	ıpl	iance	e Sc	hedul	e		
PWS ID	PWS Name							Clas	ssificatio	n Po	pulation	Ow	ner Type	Primary Source
CT0550304	CAMP COC	HIPIANEE							NC		25		Р	GW
Local Addre	ess (where applic	able)			Service	R	esiden	tial	Comme	ercial	Industri	al	Combine	d Agricultural
291 BEACH	STREET				Connection	IS			1					
Towns Serv	ed: GOSHEN													
			М	onit	oring Req	uir	eme	nts	}					
Water Sys	tem Facility: V	VELL (WSF ID:	22720)											
E. Coli (3	014)										1	trig	gered (TO	6) per period
_	ling Point (Samp	ling Point ID)				Mo	onitori	ng P	Period	Coll	ection Pe	rioa	Comp	liance Status
WELL	(2)					2/:	18/19	- 2/2	24/19				C	Complete
			Oth	er C	ompliand	e S	ched	lule	es					
Compliance	e Schedule Activi	ty					L	Due	Date		Achie	vea	Date	
	O SANITARY SUR								/2014					
	'E ACTION/CORRI		PLAN					<u> </u>	/2015					
L1 ASSESSN	MENT (MULTIPLE	TC+)					10	0/10	/2018					
			Public	Not	ification	Red	quire	eme	ents					
				C	ompliance		Notice	•			<u>ification</u>		PN Ce	<u>rtification</u>
Violation/S					Period		Tier		Require		Performe		Due to DP	
	orm MCL Violation				/12 - 9/30/12	-	2		10/21/20				10/31/201	
	OTAL COLIFORM I		/iolation		0/11/18 -	_	2		12/6/20				12/16/201	
-	rameters M&R V				/18 - 11/30/1	_	3		2/22/20				3/3/2020	
Total Colife	orm M&R Violatio				/18 - 11/30/1		3		2/22/20 •			_	3/3/2020	
		Water S	System	Facili	ty and Sa	amp	oling	Ро	int In	ven				
Water	Matar System Fo	cility	Camplina	Doint	Sampling P	oint				Toto			1	Stage
System Facility ID	Water System Fo	icinty	Jumping	Point	Description					Colifo Rul			r Ashesto	Stage s WQP 2 DBPR
	DISTRIBUTION SY	'STFM	4		DISTRIBUTION		YSTFM		<u>Status</u> A	Y	- 11470	7.0	7.00000	3 114. 225
00000	5.511.1561.1611.51	3.2		RFAM	WITHIN 5 SI				Α	·				
			UPSTRE		WITHIN 5 SI				Α					
00700	ENTRY POINT		3		ENTRY POIN				A					
	WELL		2		WELL	••			A					
				Con	tact Info	rma	ation							
Name					rganization								Job Title	<u> </u>
	P. Valentine				own of Goshe	en					First Sele	ctm		
Mailing Add	dress Line One		Mailing A	Addres	s Line Two						City		State	Zip Code
Town Office			42A Nort						Gos	hen	•		СТ	06756-1543
Business		sion Fa	x	Mobi	le Phone	Eme	rgency	Pho	ne Ema	ail Ad	dress			
860-491	-2308	860-491	L-6028						1sts	elect	man@gos	her	nct.gov	
Contact Ro	le(s): Legal Cont	act												
Name				Oı	rganization								Job Title	!
Miss Colle	en R. Kinkade			Go	oshen Rec. D	epta	rtment	t			Recreatio	n D	irector	
													1	

Zip Code

06756

State

 CT

City

parkandrec@goshenct.gov

Goshen

Emergency Phone Email Address

860-601-6089

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact

Fax

860-491-6028

42 A North Street

Business Phone

860-491-2249

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PW	WS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0550304 CAMP COCHIPIANEE					NC	25	Р	GW
Local Address (when	ere applicable)	Service	Residen	tial Commerci		al Industri	al Combine	ed Agricultural
291 BEACH STREET		Connections			1			

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public H	lealth	Drink	ing W	ater S	Section	
		uality Monit				_			
PWS ID	PWS Name				_				Primary Source
CT0550314	MOHAWK MOUNTAIN	S.F./HANDPUMP			NC		26	S	GW
Local Addre	ess (where applicable)		Service	Resident	tial Comm	nercial	Industrial	Combined	d Agricultural
MOHAWK	MOUNTAIN ROAD		Connections	1					
Towns Serv	ved: GOSHEN				,			'	
		Monito	oring Requ	ıiremei	nts				
Water Sys	tem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Coli	iform (3100)						1 r	outine (RT)	per quarter
Sampl	ling Point (Sampling Point ID))		Monitorii	ng Period	Collec	ction Perio	od Compl	liance Status
Select	from Inventory of Active Sam	pling Points		10/1/18 -	12/31/18			C	omplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19	-			
Physical F	Parameters (PPS)						1 r	outine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)			Monitoring Period Col			ction Perio	od Compl	liance Status
Select	from Inventory of Active Sam	pling Points			12/31/18			C	omplete
			4/1/19 - 6/30/19						
				7/1/19 -	9/30/19				
Water Sys	tem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate A	nd Nitrite (NOX)							1 routine (RT) per year
Sampl	ling Point (Sampling Point ID)			Monitorii		Collec	ction Perio	od Compl	liance Status
ENTR	POINT (3)			1/1/18 - 3	12/31/18	4/	4/1-12/31 Comple		
				1/1/19 - :	12/31/19	4/	4/1-12/31		
				1/1/20 - 3	12/31/20	4/	1-12/31		
		Other Co	ompliance	Sched	ules				
Compliance	e Schedule Activity			L	Due Date		Achieve	ed Date	
RESPOND T	TO SANITARY SURVEY			2	2/2/2008				
	Wate	er System Facili	ty and Sai	mpling	Point In	nvento	ory		
Water						Total	Lead a	nd	
	Water System Facility	Sampling Point		int		Coliforn			Stage
Facility ID		ID	Description		Status		Rule T	ier Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO		Α	Υ			
		DOWNSTREAM							
		UPSTREAM	WITHIN 5 SEF		I A				
	ENTRY POINT	3	ENTRY POINT	•	Α				
22730	WELL	2	WELL		Α				
		Con	tact Infori	mation					
Name		Oı	rganization					Job Title	

Deep-Engineering Unit

Mailing Address Line Two

Mobile Phone

860-205-7552

Supv Civil Engineer

City

david.cooley@ct.gov

Portland

Emergency Phone Email Address

860-424-3333

State

СТ

Zip Code

06480

Mr. David Cooley

163 Great Hill Road

Business Phone

860-342-2215

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-344-2560

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quanty monitoring and domphance schedule									
PWS ID PWS Name			Classification	Population	Owner Type	Primary Source				
CT0550314 MOHAWK MOUNTAIN S.F./HANDPUMP			NC	26	S	GW				
Local Address (v	Local Address (where applicable)		Resider	ntial Commerc	ial Industr	al Combin	ed Agricultural			
MOHAWK MOU	Connections	1								

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	t Department of	Public Health I)rinki	ng Wa	ater Se	ction			
		er Quality Monit			_		001011			
PWS ID	PWS Name	<u> </u>		Classification Population Owner Type Prima						
CT055035	4 CHURCH OF LATTE	R DAY SAINTS		NC	-	37	P	GW		
Local Addı	ress (where applicable)		Service Residentia	al Comm	ercial In	dustrial	Combined A	Agricultural		
122 NORT			Connections	1						
Towns Ser	ved: GOSHEN			I	I	I				
		Monito	oring Requiremen	ts						
Water Sy	stem Facility: DISTRIB	UTION SYSTEM (WSF II	D: 00600)							
Total Co	liform (3100)					1 rou	tine (RT) pe	r quarter		
Samp	oling Point (Sampling Poir	nt ID)	Monitoring	g Period	Collecti	on Period	Complian	ce Status		
Selec	t from Inventory of Active	Sampling Points	10/1/18 - 1	2/31/18		Complete				
			1/1/19 - 3	/31/19			Com	plete		
			4/1/19 - 6	/30/19						
			7/1/19 - 9	/30/19						
Physical	Parameters (PPS)					1 rou	tine (RT) pe	r quarter		
Samp	oling Point (Sampling Poir	nt ID)	Monitoring	Collecti	on Period	ce Status				
Selec	t from Inventory of Active	Sampling Points	10/1/18 - 12/31/18			Complete				
			1/1/19 - 3			Com	olete			
			4/1/19 - 6	/30/19						
			7/1/19 - 9	/30/19						
Water Sy	stem Facility: ENTRY F	POINT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)					1 :	routine (RT)	per year		
Samp	oling Point (Sampling Poir	nt ID)	Monitoring	g Period	Collecti	on Period	Complian	ce Status		
ENTR	Y POINT (3)		1/1/18 - 12	2/31/18			Comp	plete		
			1/1/19 - 12	2/31/19			Comp	plete		
			1/1/20 - 12	2/31/20						
	W	/ater System Facili	ty and Sampling F	oint In	ventor	У				
Water					Total	Lead and				
System	Water System Facility	Sampling Point			Coliform	Copper		Stage		
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos W	QP 2 DBPR		
00501	WELL #1	2	WELL #1	Α						
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
59530	TREATMENT PLANT									
		Con	tact Information							
Name		Or	ganization				Job Title			

Mr. Roy B. McDaniel Natural Resources-Special Proj Manager Mailing Address Line One Mailing Address Line Two City State Zip Code 50 E. North Temple St 12Th Floor Salt Lake City UT 84150 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 801-240-4656 801-240-4005 mcdanielrb@ldschurch.org Contact Role(s): Legal Contact

C	Connecticut Department of Public Health Drinking Water Section										
	Wat	er Qua	lity Mo	onite	oring ar	nd Con	nplia	nce S	chedul	le	
PWS ID P	PWS Name							ication	Population	Owner Type	Primary Source
CT0550354 C	CHURCH OF LATTER DAY SAINTS						N	IC	137	Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmercial Industria		al Combine	ed Agricultural
122 NORTH STREE	T				Connections			1			
Towns Served: GO	SHEN					-	-			1	
Name				Or	ganization					Job Titl	e
Mr. William A. Pu	ida			На	rtford Conn	ecticut Fm	Group		Facility M	anager	
Mailing Address Line One Mailing Add				ddress	ress Line Two			City		State	Zip Code
130 South Street								Cromw	ell	СТ	06416
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	ddress		
860-635-4035	-635-4035 860-635-4036							puidaw	puidawa@ldschurch.org		
Contact Role(s):	Administrative (Contact			,						

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			15 11							
	Connecticut I	Department of	Public H	lealth Di	rinki	ing W	ater Se	ection		
	Water	Quality Monit	oring and	d Compl	ianc	e Sch	edule			
PWS ID	PWS Name	<u> </u>			ssificati			ner Type F	Primary Source	
CT055037	74 AJS STEAK & PIZZA RE	STAURANT			NC		40	P	GW	
Local Add	lress (where applicable)		Service	Residential	Comm	ercial	Industrial	Combined	l Agricultural	
	RINGTON ROAD		Connections		1	<u> </u>				
Towns Se	rved: GOSHEN									
		Monito	oring Requ	irements	3					
Water Sy	stem Facility: DISTRIBUT	TION SYSTEM (WSF I	D: 00600)							
Total Co	oliform (3100)						1 ro	utine (RT)	per quarter	
	pling Point (Sampling Point I	D)		Monitoring P	Period	tion Period				
Selec	ct from Inventory of Active Sa	ampling Points	:	10/1/18 - 12/	31/18		Comple			
				1/1/19 - 3/3	1/19			Co	omplete	
				4/1/19 - 6/3	0/19					
				7/1/19 - 9/3	0/19					
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter	
Sam	pling Point (Sampling Point I	D)		Monitoring P	Period	Collec	tion Period		Compliance Status	
Seled	ct from Inventory of Active Sa	ampling Points		10/1/18 - 12/	31/18			Co	omplete	
				1/1/19 - 3/3	1/19			Co	omplete	
				4/1/19 - 6/3	0/19					
				7/1/19 - 9/3	0/19					
Water Sy	stem Facility: ENTRY PO	INT (WSF ID: 00700)								
	And Nitrite (NOX)						1	routine (I	RT) per year	
Sam	pling Point (Sampling Point I	D)		Monitoring P	Period	Collec	tion Period	=	iance Status	
ENTF	RY POINT (3)		1/1/18 - 12/31/18					Co	omplete	
			1/1/19 - 12/31/19					Co	Complete	
				1/1/20 - 12/3	31/20					
	Wa	ter System Facili	ty and Sar	npling Po	int Ir	vento	ory			
Water						Total	Lead and	ı		
System		Sampling Point	, ,	nt		_	n Copper		Stage	
Facility ID		ID	Description		<u>Status</u>	Rule	Rule Tie	r Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
60584	WELL 1	2	WELL 1		Α					
60588	TREATMENT PLANT									
60590	PRESSURE TANK									
		Con	tact Inforr	mation						
Name		O	rganization					Job Title		
Mr. Mark	Wasdo									
Mailing A	ddress Line One	Mailing Address	s Line Two			(City	State	Zip Code	
		30 Deer Run La	ne		Go	shen		СТ	06756	

Emergency Phone Email Address

MJWASDO@HOTMAIL.COM

860-491-4733

Mobile Phone

Business Phone

860-806-0173

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Connectio	t Department of Public Health Drinking Water	Section
Wa	er Quality Monitoring and Compliance Schedul	e

	Water Quarty From	corming and	a don	··P·	idiioo t	oncadi			
PWS ID PWS Name					sification	Population	Owner Type	Primary Source	
CT0550374	AJS STEAK & PIZZA RESTAURANT		NC	40	Р	GW			
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
171 TORRINGTO	Connections			1					
Towns Comunds	COCLIEN	•							

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